



# COVID-19 Daily Employee Self-Screening Checklist

Review checklist **BEFORE** leaving the home to report to work on premises:

1. In the past 24 hours, have you experienced any of the following:

|                                   |  |
|-----------------------------------|--|
| <i>Fever (above 100.4 °F)</i>     | <i>Muscle or body aches</i>                        |
| <i>Headache</i>                   | <i>Cough</i>                                       |
| <i>Fatigue</i>                    | <i>Nausea or vomiting</i>                          |
| <i>Chills</i>                     | <i>Diarrhea</i>                                    |
| <i>Congestion or runny nose</i>   | <i>Sore throat</i>                                 |
| <i>New loss of taste or smell</i> | <i>Shortness of breath or difficulty breathing</i> |

2. Have you been exposed to anyone who has tested positive for COVID-19 in the past 24 hours?

**If you reply **YES** to any of the questions above, **please stay home** and **follow the steps below:****

**Step 1:** Report absence to your supervisor or as prescribed by your supervisor for your department/building. Please state "symptomatic" or "exposure to symptomatic individual" as the reason for staying home.

**Step 2:** Contact your healthcare provider for possible testing of COVID-19.

- If testing is required by healthcare provider, you shall not enter a Methacton facility until cleared by a physician to return to work. Clearance documentation is to be sent to Human Resources prior to your returning to work on premises.
  - If test result is **NEGATIVE**, on premises return permitted 24 HOURS if fever free and improved symptoms.
  - If test result is **POSITIVE**, you may return after:
    - 24 hours with no fever **AND** improvement in symptoms **AND** 10 days since symptoms first appeared.
    - Written documentation from physician or the Montgomery County Department of Health will be required to return
- If testing is NOT required by a healthcare provider, you must be fever free and improved symptoms.

*Thank you for your cooperation in helping limit exposure to COVID-19 and in helping protect self and others.*